Application or Decket Number

CLAIMS AS FILED - PART I (Column 1) (Co						SMALL ENTITY TYPE		OF	OTHER THA	
OTAL CLAIMS					RA	TE	FEE	٦	RATE	F
FOR		NUMBE	DBJIH R	NUMBER EXTRA	BASI	CFEE	E \$375	OP	BASIC FEE	\$75
OTAL CHARGEAB	LE CLAIMS	ıı	ninus 20-		X	9=		OR	X\$18=	
DEPENDENT CLA	ltd\$,	minus 3 - 🔭		X4	2=	 	1	¥β4	
JLTIPLE DEPEND	ENT CLAIM F	PRESENT					İ	7	200	1
the difference in	column 1 is	less than	zero, enter "	0" in column 2	- +1°			OR	+280=	
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	(Column 1)	AMENDE	Columi)		3) SM	ALL E	ENTITY	OR	OTHER SMALL	
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Total .		Minus	**	-	X\$	9=		OR	X\$18~	
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